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CONFIRMATION NO. 8063

SERIAL NUMBER 10/056,420	FILING OR 371(c) DATE 01/24/2002 RULE	CLASS 424	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. 066669-0258
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/264,476 01/26/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
03/12/2002

** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 1
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ADDRESS

41552

TITLE

Method for treating an HIV-infected individual by combining immunization with structured interruption of anti-retroviral treatment

FILING FEE RECEIVED 489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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